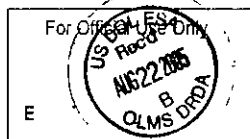


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



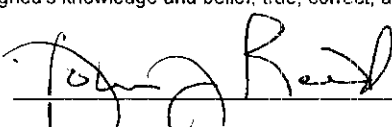
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text"/> 12799	2. Fiscal Year Covered From: <input type="text"/> / <input type="text"/> / <input type="text"/> 2004 Through: <input type="text"/> / <input type="text"/> / <input type="text"/> 2004
3. Name and address of person filing. Name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> John J Reid P.O. Box, Bldg., Room No., if any <input type="text"/> Suite 525 Street <input type="text"/> 1 North Old State Capitol Plaza City <input type="text"/> Springfield State <input type="text"/> ZIP Code + 4 <input type="text"/> Illinois 62701	4. Name, file number, and address of labor organization. Name <input type="text"/> LIUNA Labor Organization File Number <input type="text"/> 000-131 P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> 905 16th Street, NW City <input type="text"/> Washington State <input type="text"/> ZIP Code + 4 <input type="text"/> District of Columbia 20006
5. Position in labor organization. <input type="text"/> Assistant Regional Manager	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Telephone Number

Name of Person Filing John Reid	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name IL Laborers-Contractors Joint App & Training</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street R.R. 3, Box 138</p> <p>City Mt. Sterling</p> <p>State Illinois ZIP Code + 4 62353</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Illinois Laborers & Contractors Joint Apprenticeship & Training Program provides training to LIUNA members and signatory employers.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>1/17 - 1/22/2004 - Fund-related expense reimbursement in conjunction with the LIUNA Tri-Funds Conference.</p> <p>12.b. Amount. \$1,494</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Lakin Law Firm</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 229</p> <p>Street 300 Evans Avenue</p> <p>City Wood River</p> <p>State Illinois ZIP Code + 4 62095</p>	<p>14.a. Nature of payment.</p> <p>07/03/2004 - Baseball tickets for self and spouse.</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$292</p>

Name of Person Filing John Reid

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Laborers-Employers Cooperation & Educ Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, NW

City Washington

State District of Columbia ZIP Code + 4 20006

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Laborers-Employers Cooperation & Education Trust secures jobs and projects, increases union sector market share, advertises their services, develops a workforce and advances market-related interests.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

02/18/2004 -- Breakfast - Pipeline Conference.

12.b. Amount.

\$27

Name of Person Filing John Reid

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Midwest Region LECET

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 525

Street 1 North Old State Capitol Plaza

City Springfield

State Illinois ZIP Code + 4 62701

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Midwest Region Laborers-Employers Cooperation & Education Trust secures projects and jobs, increases union sector market share, advertises their services, develops a workforce and advances market related interests.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

06/25-6/30/2004 -- Fund related expense reimbursement in conjunction with the Mid-America Labor-Management Conference.

12.b. Amount.

\$1,033

Name of Person Filing John Reid

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Laborers' Health & Safety Fund of N.A

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, NW

City Washington

State District of Columbia ZIP Code + 4 20006

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Laborers' Health & Safety Fund of North America provides Health & Safety Assistance to related funds and signatory employers.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

5/10/2004 - Business Dinner - \$28.00

6/27/2004 - Business Dinner - \$78.00

12.b. Amount.

\$106

Name of Person Filing John Reid

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name MR Foundation for Fair Contracting

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 525

Street 1 North Old State Capitol Plaza

City Springfield

State Illinois ZIP Code + 4 62701

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Midwest Region Foundation for Fair Contracting monitors the construction industry for compliance with applicable state and federal laws.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

01/01 - 12/31/2004 - Salary and Benefits.

12.b. Amount.

\$13,198

Name of Person Filing John Reid

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name INVESCO Capital Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 500

Street 1315 Peachtree, NW

City Atlanta

State Georgia ZIP Code + 4 30309

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Central Laborers' Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 1267

Street 201 North Main Street

City Jacksonville

State Illinois ZIP Code + 4

11.a. Nature of such dealing.

Company provides financial/investment services for Central Laborers' Pension Fund.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

04/09 - 04/11/2004 - Golf Tournament Tickets, Lodging & Meals.

12.b. Amount.

\$600

John J. Reid
Assistant Regional Manager
LIUNA Midwest Region
1 North Old State Capital Plaza, Suite 525
Springfield, Illinois 62701

August 15, 2005

U.S. Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW
Room -5616
Washington, D.C. 20210

***Re: Form LM-30 Filing for John R. Reid, U-
Labor Organization File No. 000-131***

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection of benefits I may have received. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount. Further, in completing the LM-30 report, I have consulted with legal counsel and have obtained and have relied upon legal advice.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

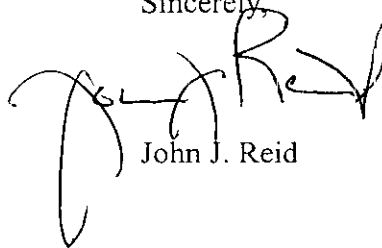
It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

U.S. Department of Labor
August 15, 2005

Page 2

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the advice of legal counsel and the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004. By reporting any items on this LM-30 Report, I do not concede that any of the items must be reported under 29 U.S.C. 432, or that I did not receive such items within the provisions of 29 U.S.C. 186(c).

Sincerely,

A handwritten signature in black ink, appearing to read "John J. Reid", with a large, stylized initial "J" and "R".

John J. Reid

Enclosure

Addenda to Form LM-30: Labor Organization Officer and Employee Report

JOHN J. REID

File Number U -

Laborers' International Union of North America, Organization File Number 000 -131

Fiscal Year Covered From: 1/1/04 through 12/31/04

Page 1 of 2

ADDENDUM A

On several occasions in 2004, I recall that I was given complimentary promotional items, such as a clothing item, accessory or printed material with the Laborers' International Union of North America logo, etc. At no time did I solicit such items, and they were sent to my office without my prior knowledge or authorization. I did not retain possession of any of these items nor did any member of my family. I have no knowledge as to the value of the items, and do not recall the manufacturer or provider of such items.

ADDENDUM B

On several occasions in 2004, particularly during holiday seasons, I recall that I was given complimentary items. At no time did I solicit such items, and they were sent to my office without my prior knowledge or authorization. I did not retain possession of any of these items, as I shared them with the individuals in my office. My actions were in line with published Office of Government Ethics guidelines, which state, "When it is not practical to return a tangible item because it is perishable, the item may, at the discretion of the employee's supervisor or an agency ethics official, be given to an appropriate charity, shared within the recipient's office, or destroyed." C.F.R. 2635.205.

ADDENDUM C

I have personal friendships with individuals who may be employed by reportable entities under the Labor-Management Reporting and Disclosure Act, which exist separate and apart from my role as a union officer/employee. In 2004, it is conceivable that I received the benefit of a meal, refreshment or social event from these individuals, which I did not report because I do not have any records of these personal encounters and have no specific recollection of any benefits received.

Addenda to Form LM-30: Labor Organization Officer and Employee Report

JOHN J. REID

File Number U -

Laborers' International Union of North America, Organization File Number 000 -131

Fiscal Year Covered From: 1/1/04 through 12/31/04

Page 2 of 2

ADDENDUM D

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.

ADDENDUM E

I am not reporting any benefits that I may have received from a political action committee ("PAC"). My understanding is that PACs report all receipts and disbursements under the Federal Election Campaign Act, and I do not need to report under the Labor-Management Reporting and Disclosure Act.

ADDENDUM F

I am not reporting any benefits that I may have received in 2004 from labor organizations affiliated with the Laborers' International Union of North America ("LIUNA"), my employer, or other labor organizations. My understanding of guidance received by the AFL-CIO from the Department of Labor is that benefits received from LIUNA-affiliated labor organizations and other labor organizations are not reportable on the LM-30 report, and I am following that guidance.